

B1 (Official Form 1) (04/13)

United States Bankruptcy Court Eastern District of North Carolina		Voluntary Petition																											
Name of Debtor (if individual, enter Last, First, Middle): Noel, Sylvia		Name of Joint Debtor (Spouse) (Last, First, Middle):																											
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): see attached page		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																											
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 2279		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																											
Street Address of Debtor (No. and Street, City, and State) 2716 Hodges Road Kinston, NC		Street Address of Joint Debtor (No. and Street, City, and State)																											
		ZIPCODE 28504																											
County of Residence or of the Principal Place of Business: Lenoir		County of Residence or of the Principal Place of Business:																											
Mailing Address of Debtor (if different from street address):		Mailing Address of Joint Debtor (if different from street address):																											
		ZIPCODE																											
Location of Principal Assets of Business Debtor (if different from street address above):		ZIPCODE																											
<b>Type of Debtor</b> (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other N.A.		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13		<input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding																							
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests: _____ Each country in which a foreign proceeding by, regarding, or against debtor is pending: _____		<b>Tax-Exempt Entity</b> (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code)		<b>Nature of Debts</b> (Check one box) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. §101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		<input type="checkbox"/> Debts are primarily business debts.																							
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> Check one box: <input type="checkbox"/> Debtor is a small business as defined in 11 U.S.C. § 101(51D) <input type="checkbox"/> Debtor is not a small business as defined in 11 U.S.C. § 101(51D)  Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter).  Check all applicable boxes <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																									
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.																													
<b>Estimated Number of Creditors</b> <table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>1-49</td> <td>50-99</td> <td>100-199</td> <td>200-999</td> <td>1,000-5,000</td> <td>5,001-10,000</td> <td>10,001-25,000</td> <td>25,001-50,000</td> <td>50,001-100,000</td> <td>Over 100,000</td> <td></td> </tr> </table>								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
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<b>Estimated Assets</b> <table style="width: 100%; text-align: center;"> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>								<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
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<b>Estimated Liabilities</b> <table style="width: 100%; text-align: center;"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>\$0 to \$50,000</td> <td>\$50,001 to \$100,000</td> <td>\$100,001 to \$500,000</td> <td>\$500,001 to \$1 million</td> <td>\$1,000,001 to \$10 million</td> <td>\$10,000,001 to \$50 million</td> <td>\$50,000,001 to \$100 million</td> <td>\$100,000,001 to \$500 million</td> <td>\$500,000,001 to \$1 billion</td> <td>More than \$1 billion</td> </tr> </table>								<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion								
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THIS SPACE IS FOR COURT USE ONLY																													

Voluntary Petition

Page 1(a)

All other Names used by the Debtor in the last 8 years

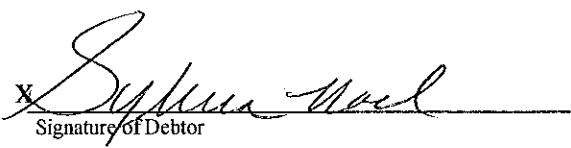
(include married, maiden, and trade names)

aka Sylvia Noel Deans

d/b/a Watch Me Grow Child Care Center

f/d/b/a Deans Friendly Day Care

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): <b>Sylvia Noel</b>	
All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: <b>Eastern District of North Carolina</b>	Case Number: <b>11-08008</b>	Date Filed: <b>10/09/2011</b>	
Location Where Filed: <b>Eastern District of North Carolina</b>	Case Number: <b>12-08296</b>	Date Filed: <b>11/21/2012</b>	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
<b>Exhibit A</b>		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts)	
(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)		I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).	
<input type="checkbox"/> Exhibit A is attached and made a part of this petition.		X <i>11/21/14</i> Signature of Attorney for Debtor(s) Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition.			
<input checked="" type="checkbox"/> No.			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)			
<input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition:			
<input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
<hr/> <i>(Name of landlord that obtained judgment)</i> <hr/>			
<i>(Address of landlord)</i>			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(1)).			

B1 (Official Form 1) (04/13)		Page 3
<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Sylvia Noel
<b>Signatures</b>		
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct.</p> <p>[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.</p> <p>[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p> X Signature of Debtor</p> <p>X Signature of Joint Debtor</p> <p>Telephone Number (If not represented by attorney)</p> <p>11-21-14 Date</p>		<b>Signature of a Foreign Representative</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 of title 11 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X (Signature of Foreign Representative) (Printed Name of Foreign Representative) (Date)</p>
<b>Signature of Attorney*</b> <p>X Signature of Attorney for Debtor(s)</p> <p>H. FRANK ALLEN Printed Name of Attorney for Debtor(s)</p> <p>H. Frank Allen Firm Name</p> <p>PO Box 1258 Address</p> <p>Tarboro, NC 27886</p> <p>Telephone Number 11-21-14 Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		<b>Signature of Non-Attorney Petition Preparer</b> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, (2) I prepared this document for compensation, and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. § 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)</p> <p>Address</p> <p>X Date Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:</p> <p>If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110, 18 U.S.C. §156.</i></p>
<b>Signature of Debtor (Corporation/Partnership)</b> <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X Signature of Authorized Individual</p> <p>Printed Name of Authorized Individual</p> <p>Title of Authorized Individual</p> <p>Date</p>		

B1 D (Official Form 1, Exhibit D ) (12/09)

UNITED STATES BANKRUPTCY COURT  
Eastern District of North Carolina

In re Sylvia Noel  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

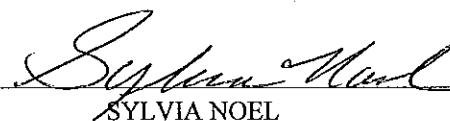
Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

Active military duty in a military combat zone.

5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor:

  
SYLVIA NOEL

Date: 11-21-14

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

In re Sylvia Noel

Debtor

Case No. \_\_\_\_\_

(If known)

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)  
 UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor the attached notice, as required by § 342(b) of the Bankruptcy Code

Printed name and title, if any, of Bankruptcy Petition Preparer  
 Address:

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Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
 (Required by 11 U.S.C. § 110.)

X

Signature of Bankruptcy Petition Preparer or officer,  
 Principal, responsible person, or partner whose Social  
 Security number is provided above.

**Certification of the Debtor**

I, (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code

Sylvia Noel

Printed Name(s) of Debtor(s)

Sylvia Noel 11/21/14  
 Signature of Debtor Date

Case No. (if known) \_\_\_\_\_

X

Signature of Joint Debtor, (if any)

Date

**Instructions:** Attach a copy of Form B 201A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) only if the certification has NOT been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

UNITED STATES BANKRUPTCY COURT  
Eastern District of North CarolinaIn Re Sylvia NoelCase No. \_\_\_\_\_  
(if known)

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

## DEFINITIONS

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

## 1. Income from employment or operation of business

None  State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	AMOUNT	SOURCE
2014	11,400.00	Deans Friendly Daycare- Watch me Grow Child Care Center
2013	718.00	Deans Friendly Daycare
2012	5,521.00	Deans Friendly Daycare

**2. Income other than from employment or operation of business**

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

. SOURCE

Debtor receives fiancee's help as stated in Schedule I

**3. Payments to creditors**

None

*Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

*\*Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after date of adjustment.*

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None



c. *All debtors:* List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None



a. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
St. Marks Church Ministrees vs Sylvia Noel 14 CVD 824	Money owed Notice of Rights	Lenoir	Pending

None



b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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**5. Repossessions, foreclosures and returns**

None



List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
--	---	--------------------------------------

**6. Assignments and Receiverships**

None  a. Describe any assignment of property for the benefit of creditors made within 120 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT	
None <input type="checkbox"/>	b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)			
	NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY

**7. Gifts**

None  List all gifts or charitable contributions made within one year immediately preceding the commencement of this case, except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

	NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT

**8. Losses**

None  List all losses from fire, theft, other casualty or gambling within one year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES, AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS

**9. Payments related to debt counseling or bankruptcy**

None  List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
H. Frank Allen PO Box 1258 Tarboro, NC 27886	October 2014	\$1,500.00 (Includes \$310.00 filing fee, \$34.00 HBCC fee, \$6.50 Court search )

**10. Other transfers**

None  a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within two years immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None  b. NAME OF TRUST OR OTHER DEVICE DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

**11. Closed financial accounts**

None  List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None      List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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**13. Setoffs**

None      List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

None      List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

None      If the debtor has moved within the three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

None



If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Sites**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None



a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None



SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

None



NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18. Nature, location and name of business**None 

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partnership, sole proprietorship, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within the six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within the six years immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Watch Me Grow Child Care Center		2023 Hwy 11/55 Kinston, NC 28504	Daycare	started 1999 - to present (daycare has moved locations and changed names)

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

None 

NAME

ADDRESS

**[Questions 19 - 25 are not applicable to this case]**

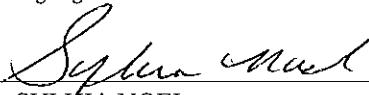
\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date

11.21.14

Signature  
of Debtor

  
SYLVIA NOEL

0 continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §152 and 3571*

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**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110(c).)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. §156.*

B6 Summary (Official Form 6 - Summary) (12/13)

**United States Bankruptcy Court**  
**Eastern District of North Carolina**

Sylvia Noel

In re \_\_\_\_\_

Case No. \_\_\_\_\_

Debtor

Chapter 13 \_\_\_\_\_

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

**AMOUNTS SCHEDULED**

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	YES	1	\$ 183,308.00		
B - Personal Property	YES	3	\$ 35,084.25		
C - Property Claimed as exempt	NO	0			
D - Creditors Holding Secured Claims	YES	1		\$ 252,486.79	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	YES	5		\$ 40,586.30	
F - Creditors Holding Unsecured Nonpriority Claims	YES	8		\$ 12,054.53	
G - Executory Contracts and Unexpired Leases	YES	1			
H - Codebtors	YES	1			
I - Current Income of Individual Debtor(s)	YES	2			\$ 6,900.00
J - Current Expenditures of Individual Debtors(s)	YES	3			\$ 5,225.00
TOTAL		25	\$ 218,392.25	\$ 305,127.62	

# United States Bankruptcy Court

Eastern District of North Carolina

In re Sylvia Noel  
Debtor

Case No. \_\_\_\_\_  
Chapter 13

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. §101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 40,586.30
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 40,586.30

**State the Following:**

Average Income (from Schedule I, Line 12)	\$ 6,900.00
Average Expenses (from Schedule J, Line 22)	\$ 5,225.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 2,578.00

**State the Following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column	\$ 53,450.79
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 40,586.30
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column	\$ 0.00
4. Total from Schedule F	\$ 12,054.53
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)	\$ 65,505.32

In re Sylvia Noel

Debtor

Case No. \_\_\_\_\_

(If known)

## SCHEDEULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
House & lot Purchase Date:2004 Purchase Price:\$150,000.00 Tax Value:\$170,486.00  2716 Hodges Road Kinston, NC 28504  (OUTSIDE PLAN)	deed(owns 1/2 interest w/ex-husband)		170,486.00	Exceeds Value
Community pool/with 2 bathrooms Tax Value:\$25,644.00 @ 12,822.00  2714 Hodges Road Kinston, NC 28504	deed (owns 1/2 interest w/ex-husband)		12,822.00	None
			Total > 183,308.00	

(Report also on Summary of Schedules.)

In re Sylvia Noel  
 Debtor

Case No. \_\_\_\_\_  
 (If known)

## SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See. 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X	Checking account with SECU XXXX9201		18.80
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Savings account with SECU XXXX7110		25.45
		Savings account with Greater Kinston CU XXXX8126		0.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X	Household goods		3,540.00
4. Household goods and furnishings, including audio, video, and computer equipment.	X	Clothing		200.00
5. Books. Pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X	Misc. items of jewelry		100.00
6. Wearing apparel.		.22 Smith & Wesson pistol		50.00
7. Furs and jewelry.				
8. Firearms and sports, photographic, and other hobby equipment.				
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

In re Sylvia Noel  
 Debtor

Case No. \_\_\_\_\_  
 (If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlement to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owing debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate or a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights of setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. §101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2007 Hummer H2 (133,000 miles) Vin: 5GRGN23U97H112803 1996 Mercury Gr Marquise (150,000 miles) Vin: 2MELM75WITX669812 2006 Suzuki M/C Vin: JS1VS55A56Z119507		28,550.00 1,500.00 1,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			

In re Sylvia Noel

**Debtor**

Case No.

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

TYPE OF PROPERTY	NO N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		1 dog 1 pig		50.00 50.00
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

0

continuation sheets attached

Total

\$ 35,084.25

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
NEW BERN DIVISION

IN THE MATTER OF: Sylvia Noel N4X/4622

SCHEDULE C- PROPERTY CLAIMED AS EXEMPT

I, Sylvia Noel claim the following property as exempt pursuant to 11 U.S.C. 522 and the laws of the State of North Carolina, and nonbankruptcy Federal law:

1. NCGS 1C-1601(a)(1) 9NC Const. Article X, Section 2) REAL OR PERSONAL PROPERTY USED AS A RESIDENCE OR BURIAL PLOT (The exemption is not to exceed \$35,000.; however, an unmarried debtor who is 65 years of age or older is entitled to retain an aggregate interest in the property not to exceed \$60,000 in value so long as the property was previously owned by the debtor as a tenant by the entireties or as a joint tenant with rights of survivorship and the former co-owner of the property is deceased, in which case the debtor must specify his/her age and the name of former co-owner of the property below)

Description of Property and address	Market Value	Mortgage Lien Holder	Amount	Net Value
House & lot	\$170,486.00	Select Portfolio	\$191,004.82	\$0.00 (OUTSIDE PLAN)
(owns ½ interest w/ex-husband)		NC Housing Finance Agency	\$30,061.18	\$0.00 (OUTSIDE PLAN)

2716 Hedges Road Kinston, NC 28504

Value Claimed as Exempt \$0.00  
Pursuant to NCGS 1C-1601(a)(1)

Debtor's Age 55 Name of Former Co-owner:

VALUE OF REAL ESTATE CLAIMED AS EXEMPT: \$35,000.00

2. NCGS 1C-160(a)(3)MOTOR VEHICLE (The exemption in one vehicle is not to exceed \$3,500).

Model, Year Style of Auto	Market Value	Lien Holder	Amount of Lien	Net Value
1996 Mercury Gr Marquis	\$1,500.00			\$1,500.00

Value Claimed as Exempt  
Pursuant to NCGS 1C-1601(a) (3)  
VALUE OF MOTOR VEHICLE CLAIMED AS EXEMPT: \$1,500.00

3. NCGS 1C-1601(a)(4) (NC Const., Article X, Section 1) PERSONAL OR HOUSEHOLD GOODS (The debtor's aggregate interest is not to exceed \$5,000 plus \$1,000 for each dependant of the debtor, not to exceed \$4,000 total for dependents). The number of dependents for exemption purposes is

1:

Description of Property	Market Value	Lien Holder	Amount of Lien	Net Value
Clothing & personal	200.00			
Kitchen appliances	100.00			
Stove	150.00			
Refrigerator	150.00			
Freezer	150.00			
Washing Machine	300.00			
Dryer	300.00			
China				
Silver				
Jewelry	100.00			
Living room furniture	400.00			
Den furniture				
Bedroom furniture	500.00			
Dining room furniture	50.00			
Lawn furniture				
Television	325.00			
Stereo	200.00			
VCR/DVD	15.00			
Radio				
Video Camera				
Musical Instruments				
Piano Organ				
Paintings				
Air Conditioner				
Lawn Mower	800.00			
Yard Tools	50.00			
Crops				
Recreational equipment				
Computer	50.00			

TOTAL \$3,840.00

Claimed as Exempt  
 Pursuant to NCGS 1C-1601(a)(3)

VALUE CLAIMED AS EXEMPT: \$3,840.00

4. NCGS 1C-1601(a) (5) TOOLS OF TRADE (The debtor's aggregate interest is not to exceed \$2,000 in value).

Description	Market Value	Lien Holder	Amount of Lien	Net Value
-------------	--------------	-------------	----------------	-----------

Value Claimed as Exempt  
 Pursuant to NCGS 1C-1601(a) (5)  
 VALUE CLAIMED AS EXEMPT : \$

## 5. NCGS 1C-1601(a)(6) LIFE INSURANCE (NC Const., Article X, Section 5)

Description	Insured	Policy Number	Beneficiary	Cash Value
-------------	---------	---------------	-------------	------------

## 6. NCGS 1C-1601(a)(7) PROFESSIONALLY PRESCRIBED HEALTH AIDS (For Debtor or Debtor's Dependents, no limit on value).

Description

## 7. NCGS 1C-1601(a)(8) COMPENSATION FOR PERSONAL INJURY, INCLUDING COMPENSATION FROM PRIVATE DISABILITY POLICIES OR ANNUITIES, OR COMPENSATION FOR DEATH OF A PERSON UPON WHOM THE DEBTOR WAS DEPENDANT FOR SUPPORT, COMPENSATION NOT EXEMPT FROM RELATED LEGAL, OR HEALTH OR FUNERAL EXPENSE, DENIED DISABILITY CLAIMS REOPENED BY SOCIAL SECURITY ADMINISTRATION.

Description	Source of Compensation, Including Name & Last Four Digits of Account Number of any Disability Policy/Annuity
-------------	--

## 8. NCGS 1C-1601(a) (2) ANY PROPERTY (Debtor's aggregate interest in any property is not to exceed \$5,000 in value of any unused exemption amount to which the debtor or entitled under NCGS 1C-1601(a) (1).

Description of Property & Address	Market Value	Lien Holder	Amount of Lien	Net Value
Bank account XXX9201				18.80
Bank account XXX7110				25.45
Bank account XXX8726				0.00
2007 H2 Hummer	\$28,550.00	Ally Financial	\$31,420.79	0.00
2006 Suzuki M/C	\$ 1,000.00			1,000.00
.22 smith & Wesson pistol	50.00			50.00
1 dog				50.00
1 pig				50.00
Community Center/Pool/bathhouse (owns ½ w/ex-husband)				
25,644.00 @ 2	\$12,822.00			12,822.00
				-----
				\$ 14,016.25

Value Claimed as Exempt \$5,000.00  
Pursuant to NCGS1C-1601(a)(2)

## 9. NCGS 1C-1601(a)(9) and 11 U.S.C. 522 INDIVIDUAL RETIREMENT PLANS &amp; RETIREMENT FUNDS, as defined in the Internal Revenue Code, and any plan treated in the same manner as an individual retirement plan, including individual retirement accounts and Roth retirement accounts as described in 408 (a) and 408A of the Internal Revenue Code, individual retirement annuities as described in 408 (b) of the Internal Revenue Code, accounts established as part of a trust described in 408 (c) of the Internal Revenue Code, and funds in an account exempt from the taxation under 401, 403, 408, 408A, 414, 457, or 510(a) of the Internal Revenue Code. For purposes of this subdivision, "Internal Revenue Code" means Code as defined in G.S. 105-228.90.

Last Four Digits of

10. NCGS 1C-1601(a)(10) FUNDS IN A COLLEGE SAVINGS PLAN, as qualified under 529 of the Internal Revenue Code, and that are not otherwise excluded from the estate pursuant to 11 U.S.C. 541(b)(5)-(6),(e), not to exceed a cumulative limit of \$25,000. If funds were placed in a college savings plan within the 12 months prior to filing, the contributions must have been made in ordinary course of the debtor's financial affairs and must have been consistent with the debtor's past pattern of contributions. The exemption applies to funds for a child of the debtor that will actually be used for the child's college or university expenses.

university expenses. **Last Four Digits**  
**College Savings Plan** **Account Number** **Value** **Initials of Child Beneficiary**

11. NCGS 1C-1601(a)(11) RETIREMENT BENEFITS UNDER THE RETIREMENT PLANS OF OTHER STATES AND GOVERNMENTAL UNITS OF OTHER STATES (The debtor's interest is exempt only to the extent that these benefits are exempt under the laws of the state or governmental unit under which the benefit plan is established).

Name of Retirement Plan      State Governmental Unit      Last Four Digits of Identifying Number

12. NCGS 1C-1601(a)(12) ALIMONY, SUPPORT, SEPARATE MAINTENANCE, AND CHILD SUPPORT PAYMENTS OR FUNDS THAT HAVE BEEN RECEIVED OR TO WHICH THE DEBTOR IS ENTITLED

(The debtor's interest is exempt to the extent the payments or funds are reasonably necessary for the support of the debtor or any dependent of the debtor).

13. TENANCY BY THE ENTIRETY. The following property is claimed as exempt pursuant to 11 U.S.C. 522 and the law of the State

Description of Property & Address	Market Value	Lien Holder	Amount of Lien	Net Value
--------------------------------------	-----------------	----------------	-------------------	--------------

VALUE CLAIMED AS EXEMPT: \$

#### 14. NORTH CAROLINA PENSION FUND EXEMPTIONS

- a. North Carolina Local Government Employees Retirement benefits NCGS 128-31
- b. North Carolina Teachers and State Employees Retirement benefits NCGS 135-9
- c. Firemen's Relief Fund pension NCGS 58-86-90
- d. Fraternal Benefit Society benefits NCGS 58-24-85
- e. Benefits under the Supplemental Retirement Income Plan for teachers and state employees are exempt from levy, sale, and garnishment NCGS 135-95
- f. Benefits under the Supplemental Retirement Income Plan for state law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.30(a)

15. OTHER EXEMPTIONS CLAIMED UNDER LAWS OF THE STATE OF  
NORTH CAROLINA

- a. Aid to the Aged, Disabled and Families with Dependent Children NCGS 108A-36
- b. Aid to the Blind NCGS 111-18
- c. Yearly Allowance of Surviving Spouse NCGS 30-15
- d. Workers Compensation benefits NCGS 97-21
- e. Unemployment benefits, so long as not commingled and exempt for debts for necessities purchased while unemployed NCGS 96-17
- f. Group insurance proceeds NCGS 58-58-165
- g. Partnership property, exempt on a claim against the partnership NCGS 59-55
- h. Wages of debtor necessary for support of family NCGS 1-362
- i. Benefits under the Separate Insurance Benefit Plan for state and local law enforcement officers are exempt from levy, sale, and garnishment NCGS 143-166.60(h)
- j. Vested benefits under the North Carolina Public Employee Deferred Compensation Plan are exempt from levy, sale, and garnishment NCGS 147-9.4

#### 16. FEDERAL PENSION FUND EXEMPTIONS

- a. Foreign Service Retirement and Disability payments 22 U.S.C. 4060
- b. Civil Service Retirement benefits 5 U.S.C. 8346
- c. Railroad Retirement Act annuities and pension 45 U.S.C.231m
- d. Veterans benefits 38 U.S.C. 5301
- e. Special pension paid to winners of Congressional Medal of Honor 38 U.S.C. 1562
- f. Annuities payable for service in the General Accounting Office 31 U.S.C. 776.

#### 17. OTHER EXEMPTIONS CLAIMED UNDER NONBANKRUPTCY FEDERAL LAW

- a. Social Security benefits 42 U.S.C. 407
- b. Injury or death compensation payments from war risk hazards 42 U.S.C. 1717
- c. Wages owing a master or seaman, exempt for support of a spouse and/or minor children 46 U.S.C. 11109
- d. Longshoremen and Harbor Workers Compensation Act death and disability benefits 33 U.S.C. 916
- e. Crop insurance proceeds 7 U.S.C. 1509
- f. Public safety officers' death benefits 42 U.S.C. 3796. See subsection(g)
- g.. Railroad unemployment insurance 45 U.S.C. 352. See subsection(e)

#### 18. RECENT PURCHASES

- a. List tangible personal property purchased by the debtor within ninety (90) days of the filing of the bankruptcy petition.

Description	Market Value	Lien Holder	Amount of Lien	Net Value
b. List any tangible personal property from 18 (a) that is directly traceable to the liquidation or conversion of property that may be exempt and that was not acquired by transferring or using additional property.				

Description of Replacement Property	Description of Property Liquidated or Converted that May be Exempt
-------------------------------------	--

19. The debtor's property is subject to the following claims:

- a. Of the United States or its agencies as provided by federal law.
- b. Of the State of North Carolina or its subdivisions for taxes, appearance bonds or fiduciary bonds;
- c. Of a lien by a laborer for work done and performed for the person claiming the exemption, but only as to the specific property affected.
- d. Of a lien by a mechanic for work done on the premises, but only as to specific property affected.
- e. For payment obligations contracted for the purchase of specific real property affected.
- f. For contractual security interests in a specific property affected; provided, that the exemptions shall apply to the debtor's household goods notwithstanding any contracts for a nonpossessory, nonpurchase money security interest in any such goods.
- g. For statutory liens, on the specific property affected, other than judicial liens.
- h. For child support, alimony or distributive award order pursuant to Chapter 50 under the General Statutes of North Carolina.
- i. For criminal restitution orders docketed as civil judgments pursuant to G.S. 15A-1340.38.
- j. Debts of a kind specified in 11 U.S.C. 523(a) (1) (certain taxes),(5) (domestic support obligations).
- k. Debts of a kind specified in 11 U.S.C. 522 (c) .

Claimant	Nature of Claim	Amount of Claim	Description of Property	Value of Property	Net Value
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None of the property listed in paragraph 18(a), except qualified replacement property under 18 (b), has been included in this claim of exemptions.

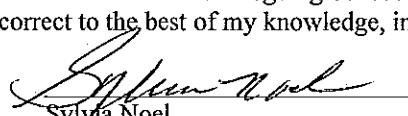
None of the claims listed in paragraph 19 is subject to this claim of exemptions.

Date: \_\_\_\_\_

**UNSWORN DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF INDIVIDUAL TO SCHEDULE C- PROPERTY CLAIMED AS EXEMPT**

I, Sylvia Noel declare under penalty of perjury that I have read the foregoing Schedule C- Property Claimed as Exempt and that they are true and correct to the best of my knowledge, information and belief.

Executed on 11-21-14

  
Sylvia Noel

## B6D (Official Form 6D) (12/07)

In re Sylvia Noel  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 2981		Security: 2007 Hummer H2 (LOP)					2,870.79
Ally Financial PO Box 9001951 Louisville, KY 40290		VALUE \$ 28,550.00				31,420.79	
ACCOUNT NO. 6155		Security: 2nd mortgage (OUTSIDE PLAN)					30,061.18
NC Carolina Housing Finance PO Box 28066 Raleigh, NC 27611		VALUE \$ 0.00				30,061.18	
ACCOUNT NO. 1053		Security: House & lot (OUTSIDE PLAN)					20,518.82
Select Portfolio Servicing PO Box 65250 Salt Lake City, UT 84165		VALUE \$ 170,486.00				191,004.82	

0 continuation sheets attached

Subtotal ➤ (Total of this page)	\$ 252,486.79	\$ 53,450.79
Total ➤ (Use only on last page)	\$ 252,486.79	\$ 53,450.79

(Report also on  
Summary of Schedules) (If applicable, report  
Summary of Certain  
Liabilities and Related  
Data.)

B6E (Official Form 6E) (04/13)

In re Sylvia Noel Debtor

Case No. \_\_\_\_\_ (if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed.R.Bankr.P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

## ☐ Domestic Support Obligations

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

#### Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

### Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

## B6E (Official Form 6E) (04/13) - Cont.

In re Sylvia Noel  
DebtorCase No. \_\_\_\_\_  
(if known) **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

 **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (04/13) - Cont.

In re Sylvia Noel

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									
Internal Revenue Service Central.Insolvency Oper. PO Box 7346 Philadelphia, PA 19101							3,392.68	3,392.68	0.00
ACCOUNT NO.									
Internal Revenue Service Central.Insolvency Oper. PO Box 7346 Philadelphia, PA 19101							15,301.77	15,301.77	0.00
ACCOUNT NO.									
Internal Revenue Service Central.Insolvency Oper. PO Box 7346 Philadelphia, PA 19101							14,973.92	14,973.92	0.00
ACCOUNT NO. 5 302									
Lenoir County Tax Dept. PO Box 3289 Kinston, NC 28502							2,548.77	2,548.77	0.00

Bankruptcy 2014 ©1991-2014, New Hope Software, Inc., ver. 4.7.8-817-31511-302Y-\*\*\*\*\*

Sheet no. 1 of 3 continuation sheets attached to Schedule of  
Creditors Holding Priority ClaimsSubtotal  
(Totals of this page)

\$ 36,217.14 \$ 36,217.14 \$ 0.00

Total

\$ \$ \$

(Use only on last page of the completed  
Schedule E.) Report also on the Summary  
of Schedules)

Totals

\$ \$ \$

(Use only on last page of the completed  
Schedule E. If applicable, report also on  
the Statistical Summary of Certain  
Liabilities and Related Data.)

B6E (Official Form 6E) (04/13) - Cont.

In re Sylvia Noel

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	Type of Priority for Claims Listed on This Sheet			AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
				CONTINGENT	UNLIQUIDATED	DISPUTED	
ACCOUNT NO. 5 302							383.38
Lenoir County Tax Dept. PO Box 3289 Kinston, NC 28502							383.38
ACCOUNT NO.							0.00
NC Dept of Revenue OSD Bankruptcy Unit PO Box 1168 Raleigh, NC 27602							289.00
ACCOUNT NO.							0.00
NC Dept of Revenue OSD Bankruptcy Unit PO Box 1168 Raleigh, NC 27602							107.60
ACCOUNT NO. 120 7							107.60
NC Employment Sec.Commission Attn: Benefit Control PO Box 26504 Raleigh, NC 27611							0.00
Sheet no. <u>2</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims				Subtotal (Totals of this page)	\$ 1,379.78	\$ 1,379.78	\$ 0.00
Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)				Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)	\$		
Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)				Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)	\$	\$	\$

B6E (Official Form 6E) (04/13) - Cont.

In re Sylvia Noel

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet) Sec. 507(a)(8)

Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODETOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCOUNT NO.									
NC Employment Sec. Commision Attn: Benefit Control PO Box 26504 Raleigh, NC 27611							2,989.38	2,989.38	0.00
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
ACCOUNT NO.									
Sheet no. <u>3</u> of <u>3</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims	Subtotal (Totals of this page)				\$ 2,989.38	\$ 2,989.38	\$ 0.00		
	Total (Use only on last page of the completed Schedule E.) Report also on the Summary of Schedules)				\$ 40,586.30				
	Totals (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)				\$ 40,586.30				

B6F (Official Form 6F) (12/07)

In re Sylvia Noel,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5040  Century Link c/o RMS PO Box 5471 Mount Laurel, NJ 08054							1.00
ACCOUNT NO. DT  Direct TV c/o FNCB 610 Waltham Way Sparks, NV 89434							1.00
ACCOUNT NO. 7482  Eastern Eye Associates 1007 W. Vernon Ave Kinston, NC 28501			Consideration: Medical Services				60.00
ACCOUNT NO. 7854  Eastern Radiologist 2101 W. Arlington Blvd S210 Greenville, NC 27834							1.00
Subtotal ➤				\$			63.00
Total ➤				\$			

7 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Sylvia Noel,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 7854  Eastern Radiologist c/o SCA PO Box 876 Greenville, NC 27835			Consideration: Medical Services			1.00
ACCOUNT NO. 9811  Emp of Lenoir County 4535 Dressler Road Clanton, OH 44718						1.00
ACCOUNT NO. 3994  Employee of Lenoir County c/o Escallate LLC PO Box 714242 Columbus, OH 43271						151.59
ACCOUNT NO. 0946  Family Mobile PO Box 629026 El Dorado Hills, CA 95762						103.70
ACCOUNT NO. Deans  Greenville Pool & Supply 3730 S Charles Blvd. Greenville, NC 27858						1.00

Sheet no. 1 of 7 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority ClaimsSubtotal ► \$ 258.29  
Total ► \$(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Sylvia Noel

Debtor

Case No. \_\_\_\_\_

(If known)

## SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
Internal Revenue Service Central.Insolvency Oper. PO Box 7346 Philadelphia, PA 19101							1.00
ACCOUNT NO.							
Internal Revenue Service Central.Insolvency Oper. PO Box 7346 Philadelphia, PA 19101							3,392.68
ACCOUNT NO. 0264							
Josh Bradshaw Plumbing PO Box 303 Deep Run, NC 28525							1.00
ACCOUNT NO. Multiple accts			Consideration: Medical Services 2277				
Kinston Medical Specialists 701 Doctors Drive SteN Kinston, NC 28501							593.49
ACCOUNT NO. 2783			Consideration: Medical Services				
Kinston Medical Specialists c/o Online Collections PO Box 1489 Winterville, NC 28590							76.23

Sheet no. 2 of 7 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ 4,064.40

Total ► \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**B6F (Official Form 6F) (12/07) - Cont.**

**In re** Sylvia Noel ,  
**Debtor**

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
ACCOUNT NO. 5686			Consideration: Medical Services			71.00
Kinston Thoracic Vascular c/o Parson Bishop National Coll. 7870 Camargo Rd Cincinnati, OH 45243						
ACCOUNT NO.						
Kleritec 15823 Monte Street 103 Sylmar, CA 91342						1.00
ACCOUNT NO. 9215			Consideration: Medical Services			
Lenoir Memorial Hospital c/o Escallate PO Box 714017 Columbus, OH 43271						1.00
ACCOUNT NO. Multiple accts			Consideration: Medical Services 2784, 3724			
Lenoir Memorial Hospital PO Box 1678 Kinston, NC 28503						4,274.12
ACCOUNT NO. 5831						
Leonard Aluminum Utility Bldgs PO Box 1728 Mt. Airy, NC 27030						118.49

Sheet no. 3 of 7 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ 4,465.61
Total >	\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Sylvia Noel  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. 7992  Mobile Mini 7420 S Kyrene Rd Ste 101 Tempe, AZ 85283						107.00
ACCOUNT NO.  NC Dept of Revenue OSD Bankruptcy Unit PO Box 1168 Raleigh, NC 27602						1.00
ACCOUNT NO. 7792  Pathology Associates Kinston c/o Stern & Associates 415 N Edgeworth St Ste210 Greensboro, NC 27401			Consideration: Medical Services			48.00
ACCOUNT NO. F773  Pendrick Capital Partners c/o NCO FInancial 507 Prudential Rd Horsham, PA 19044						1.00
ACCOUNT NO.  Robert M Deepe MD PO Box 5485 Kinston, NC 28503						1.00

Sheet no. 4 of 7 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority ClaimsSubtotal ► \$ 158.00  
Total ► \$(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

**B6F (Official Form 6F) (12/07) - Cont.**

In re Sylvia Noel,  
Debtor

Case No. \_\_\_\_\_  
(If known)

**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	AMOUNT OF CLAIM
				DISPUTED		
ACCOUNT NO. 1053						
Select Portfolio Servicing PO Box 65250 Salt Lake City, UT 84165						1.00
ACCOUNT NO.						
Springleaf Financial 4167 W Vernon Ave Kinston, NC 28504						1.00
ACCOUNT NO.						
St Marks Church 1001 E. King Street Kinston, NC 28501						1.00
ACCOUNT NO. 14 CVD 827						
St. Mark Church Ministries c/o Atty. James S Perry PO Drawer 1475 Kinston, NC 28503						Notice Only
ACCOUNT NO. Deans						
Stallings Plumbing Heating & Air PO Box 3168 Kinston, NC 28502						129.51

Sheet no. 5 of 7 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal >	\$ 132.51
Total >	\$
Module E)	

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re Sylvia Noel  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 409-5  Suddenlink c/o Credit Control 11821 Rock Landing Dr Newport News, VA 23606						1.00
ACCOUNT NO. Multiple accts  Suncom Wireless PO Box 96067 Charlotte, NC 28296		9838, 0298				1.00
ACCOUNT NO. 5538  University of Mount Olive 634 Henderson Street Mt Olive, NC 28365						1.00
ACCOUNT NO. 6501  University of Mount Olive c/o Williams & Fudge Inc. PO Box 11590 Rock Hill, SC 29731		ref 2279				2,197.72
ACCOUNT NO. 3425  US Cellular c/o PRA PO Box 12914 Norfolk, VA 23541						1.00

Sheet no. 6 of 7 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority ClaimsSubtotal ➤ \$ 2,201.72  
Total ➤ \$(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

## B6F (Official Form 6F) (12/07) - Cont.

In re Sylvia Noel,  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE F- CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>(See instructions above.)</i>	CODEBTOR	HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF,	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2500X  Verizon Wireless BK Dept. PO Box 26055 Minneapolis, MN 55426							710.00
ACCOUNT NO. 7646  Verizon Wireless c/o Chase Receivables 1247 Broadway Sonoma, CA 95475							1.00
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Subtotal ➤	\$ 711.00						
Total ➤	\$ 12,054.53						

In re Sylvia Noel Case No. \_\_\_\_\_  
 Debtor (if known) \_\_\_\_\_

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.
Dwight Rouse PO Box 1559 Kinston, NC 28503	Rent- Land that daycare is on
Eric Rouse PO Box 6115 Kinston, NC 28501	Modular Mobile unit used for daycare

## B6H (Official Form 6H) (12/07)

In re Sylvia NoelDebtor

Case No. \_\_\_\_\_

(if known)

**SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See 11 U.S.C. § 112 and Fed. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Daniel Deans PO Box 172 Kinston, NC 28502	Select Portfolio Servicing PO Box 65250 Salt Lake City, UT 84165
Daniel Deans PO Box 172 Kinston, NC 28502	Ally Financial PO Box 9001951 Louisville, KY 40290

Fill in this information to identify your case:

Debtor 1	Sylvia Noel	
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Last Name	
	First Name	Middle Name
United States Bankruptcy Court for the:	Eastern	District of NC
Case number (if known)		

Check if this is:

 An amended filing A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form B 6I****Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment****1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status****Debtor 1****Debtor 2 or non-filing spouse**

Employed  
 Not employed

Employed  
 Not employed

**Occupation**

Self

**Employer's name**

Watch me Grow

**Employer's address**

2023 Hwy 11/55

Number Street

Number Street

Kinston, NC 28504

City State ZIP Code

City State ZIP Code

How long employed there? 10 years

**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
3. Estimate and list monthly overtime pay.
4. Calculate gross income. Add line 2 + line 3.

**For Debtor 1**

2. \$ 0.00

3. + \$ 0.00

4.  \$ 0.00**For Debtor 2 or non-filing spouse**

\$ N.A.

+ \$ N.A.

\$ N.A.

Sylvia Noel

Debtor 1

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....	→ 4. \$ 0.00	\$ N.A.
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 0.00	\$ N.A.
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ N.A.
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ N.A.
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ N.A.
5e. Insurance	5e. \$ 0.00	\$ N.A.
5f. Domestic support obligations	5f. \$ 0.00	\$ N.A.
5g. Union dues	5g. \$ 0.00	\$ N.A.
5h. Other deductions. Specify: _____	5h. +\$ 0.00	+ \$ N.A.
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ 0.00	\$ N.A.
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 0.00	\$ N.A.
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm		
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 1,900.00	\$ N.A.
8b. Interest and dividends	8b. \$ 0.00	\$ N.A.
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 500.00	\$ N.A.
8d. Unemployment compensation	8d. \$ 0.00	\$ N.A.
8e. Social Security	8e. \$ 0.00	\$ N.A.
8f. Other government assistance that you regularly receive		
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	\$ 0.00	\$ N.A.
Specify: _____	8f. \$ 0.00	\$ N.A.
8g. Pension or retirement income	8g. \$ 0.00	\$ N.A.
8h. Other monthly income. Specify: fiancee's help _____	8h. +\$ 4,500.00	+ \$ N.A.
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ 6,900.00	\$ N.A.
10. Calculate monthly income. Add line 7 + line 9.		
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 6,900.00	+ \$ N.A. = \$ 6,900.00
11. State all other regular contributions to the expenses that you list in Schedule J.		
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.		
Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ 6,900.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: Debtor is expecting her business to improve.		
Combined monthly income		

<b>Fill in this information to identify your case:</b>			
Debtor 1	Sylvia Noel		
First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:		Eastern	District of NC
Case number (if known)			

Check if this is:

An amended filing  
 A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

A separate filing for Debtor 2 because Debtor 2 maintains a separate household

**Official Form B 6J****Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
		son	16	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No  
 Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

Your expenses	
4.	\$ 0.00
4a.	\$ 0.00
4b.	\$ 0.00
4c.	\$ 0.00
4d.	\$ 0.00

Debtor 1	Sylvia Noel	Case number (if known)
First Name	Middle Name	Last Name
Your expenses		
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$ 0.00
6. Utilities:		
6a. Electricity, heat, natural gas	6a.	\$ 225.00
6b. Water, sewer, garbage collection	6b.	\$ 0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 66.00
6d. Other. Specify: _____	6d.	\$ 0.00
7. Food and housekeeping supplies	7.	\$ 225.00
8. Childcare and children's education costs	8.	\$ 0.00
9. Clothing, laundry, and dry cleaning	9.	\$ 0.00
10. Personal care products and services	10.	\$ 0.00
11. Medical and dental expenses	11.	\$ 60.00
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 200.00
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$ 0.00
14. Charitable contributions and religious donations	14.	\$ 0.00
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a.	\$ 0.00
15b. Health insurance	15b.	\$ 0.00
15c. Vehicle insurance	15c.	\$ 127.00
15d. Other insurance. Specify: _____	15d.	\$ 0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16.	\$ 0.00
17. Installment or lease payments:		
17a. Car payments for Vehicle 1	17a.	\$ 0.00
17b. Car payments for Vehicle 2	17b.	\$ 0.00
17c. Other. Specify: _____	17c.	\$ 0.00
17d. Other. Specify: _____	17d.	\$ 0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form B 6I).	18.	\$ 0.00
19. Other payments you make to support others who do not live with you. Specify: _____	19.	\$ 0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedule I, Your Income</i> .		
20a. Mortgages on other property	20a.	\$ 0.00
20b. Real estate taxes	20b.	\$ 0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
20e. Homeowner's association or condominium dues	20e.	\$ 0.00

Debtor 1 Sylvia Noel Case number (if known) \_\_\_\_\_

First Name Middle Name Last Name

21. Other. Specify: <u>see attached: Business expenses</u>	21. +\$ <u>4,322.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. <u>\$ 5,225.00</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$ 6,900.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. <u>-\$ 5,225.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$ 1,675.00</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.  
 Yes.

Explain here:

Sylvia Noel

N4X/4622

Watch Me Grow Child Care Center

Schedule J Expenses

21.) See attached

Rent Building	533.00
Land	1,000.00
Phone	60.00
Electric	138.00
Food/ Supplies	400.00
Gas	308.00
Payroll	1,883.00
<hr/>	
Total	4,322.00

Sylvia Noel

In re

Debtor

Case No.

(If known)

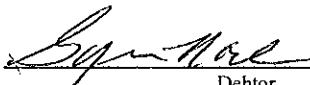
## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 11.21.14

Signature:



Debtor

Date

Signature:

Not Applicable

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110 setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

In re Sylvia Noel  
 Debtor(s)  
 Case Number: \_\_\_\_\_  
 (If known)

According to the calculations required by this statement:

The applicable commitment period is 3 years.  
 The applicable commitment period is 5 years.  
 Disposable income is determined under § 1325(b)(3).  
 Disposable income not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

## CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedule I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME				
Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.				
a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.				
1	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income
2	Gross wages, salary, tips, bonuses, overtime, commissions.			\$ 0.00 \$ N.A.
3	Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.			
	a.	Gross receipts	\$ 1,900.00	
	b.	Ordinary and necessary business expenses	\$ 4,322.00	
	c.	Business income	Subtract Line b from Line a	\$ -2,422.00 \$ N.A.
4	Rents and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.			
	a.	Gross receipts	\$ 0.00	
	b.	Ordinary and necessary operating expenses	\$ 0.00	
	c.	Rent and other real property income	Subtract Line b from Line a	\$ 0.00 \$ N.A.
5	Interest, dividends and royalties.			\$ 0.00 \$ N.A.
6	Pension and retirement income.			\$ 0.00 \$ N.A.
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$ 500.00 \$ N.A.

Sylvia Noel

N4X/4622

Watch Me Grow Child Care Center

BK22

Expenses

Rent Building	533.00
Land	1,000.00
Phone	60.00
Electric	138.00
Food/ Supplies	400.00
Gas	308.00
Payroll	1,883.00
<hr/>	
Total	4,322.00

8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:			\$ 0.00	\$ N.A.
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ 0.00	Spouse \$ N.A.	\$ 0.00	\$ N.A.
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	a. fiancee' help	\$ 4,500.00		\$ 4,500.00	\$ N.A.
	b.	\$ 0.00			
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).			\$ 2,578.00	\$ N.A.
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.			\$ 2,578.00	2,578.00
<b>Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD</b>					
12	Enter the Amount from Line 11.			\$ 2,578.00	
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.				
	a.	\$ 0.00			
	b.	\$ 0.00			
	c.	\$ 0.00			
	Total and enter on Line 13.			\$ 0.00	
14	Subtract Line 13 from Line 12 and enter the result.			\$ 2,578.00	
15	Annualized current monthly income for §1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.			\$ 30,936.00	
16	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence:	NorthCarolina	b. Enter debtor's household size:	2	\$ 51,857.00
17	<p>Application of §1325(b)(4). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.</p> <p><input type="checkbox"/> The amount on Line 15 is more than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.</p>				
<b>Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME</b>					
18	Enter the Amount from Line11.			\$ 2,578.00	

<p><b>Marital adjustment.</b> If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify, in the lines below, the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.</p>																									
19	<table border="1"> <tr> <td>a.</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>b.</td> <td></td> <td>\$ 0.00</td> </tr> <tr> <td>c.</td> <td></td> <td>\$ 0.00</td> </tr> </table>	a.		\$ 0.00	b.		\$ 0.00	c.		\$ 0.00															
a.		\$ 0.00																							
b.		\$ 0.00																							
c.		\$ 0.00																							
	Total and enter on Line 19.	\$ 0.00																							
20	Current monthly income for §1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$ 2,578.00																							
21	Annualized current monthly income for §1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$ 30,936.00																							
22	Applicable median family income. Enter the amount from Line 16.	\$ 51,857.00																							
23	<p>Application of §1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under §1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under §1325(b)(3)" at the top of page 1 of this statement and continue with Part VII of this statement. Do not complete Parts IV, V or VI.</p>																								
<b>Part IV. CALCULATION OF DEDUCTIONS FROM INCOME</b>																									
<b>Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)</b>																									
24A	<p><b>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous.</b> Enter in line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>		\$ N.A.																						
24B	<p><b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p>																								
	<table border="1"> <thead> <tr> <th colspan="2">Persons under 65 years of age</th> <th colspan="2">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td>N.A.</td> <td>a2.</td> <td>Allowance per person</td> <td>N.A.</td> </tr> <tr> <td>b1</td> <td>Number of persons</td> <td>N.A.</td> <td>b2.</td> <td>Number of persons</td> <td>N.A.</td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>N.A.</td> <td>c2.</td> <td>Subtotal</td> <td>N.A.</td> </tr> </tbody> </table>		Persons under 65 years of age		Persons 65 years of age or older		a1.	Allowance per person	N.A.	a2.	Allowance per person	N.A.	b1	Number of persons	N.A.	b2.	Number of persons	N.A.	c1.	Subtotal	N.A.	c2.	Subtotal	N.A.	\$ N.A.
Persons under 65 years of age		Persons 65 years of age or older																							
a1.	Allowance per person	N.A.	a2.	Allowance per person	N.A.																				
b1	Number of persons	N.A.	b2.	Number of persons	N.A.																				
c1.	Subtotal	N.A.	c2.	Subtotal	N.A.																				
25A	<p><b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>		\$ N.A.																						

25B	<p><b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 10%;">\$</td> <td style="width: 20%;">N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net mortgage/rental expense</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>			a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	N.A.	c.	Net mortgage/rental expense	Subtract Line b from Line a.		\$ N.A.
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	N.A.													
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$	N.A.													
c.	Net mortgage/rental expense	Subtract Line b from Line a.														
26	<p><b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p> <hr/> <hr/>			\$ N.A.												
27A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>			\$ N.A.												
27B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from the IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>			\$ N.A.												
28	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td> <td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td> <td style="width: 10%;">\$</td> <td style="width: 20%;">N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td> <td>\$</td> <td>N.A.</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 1</td> <td colspan="2">Subtract Line b from Line a.</td> </tr> </table>			a.	IRS Transportation Standards, Ownership Costs	\$	N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	N.A.	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.		\$ N.A.
a.	IRS Transportation Standards, Ownership Costs	\$	N.A.													
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$	N.A.													
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.														

	<b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. <b>Do not enter an amount less than zero.</b>												
29	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;">a.</td> <td>IRS Transportation Standards, Ownership Costs</td> <td style="width: 15%;">\$ N.A.</td> </tr> <tr> <td>b.</td> <td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td> <td>\$ N.A.</td> </tr> <tr> <td>c.</td> <td>Net ownership/lease expense for Vehicle 2</td> <td>Subtract Line b from Line a.</td> </tr> </table>			a.	IRS Transportation Standards, Ownership Costs	\$ N.A.	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ N.A.	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ N.A.
a.	IRS Transportation Standards, Ownership Costs	\$ N.A.											
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$ N.A.											
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.											
30	<b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b>			\$ N.A.									
31	<b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>			\$ N.A.									
32	<b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b>			\$ N.A.									
33	<b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due support obligations included in Line 49.</b>			\$ N.A.									
34	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$ N.A.									
35	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>			\$ N.A.									
36	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. <b>Do not include payments for health insurance or health savings accounts listed in Line 39.</b>			\$ N.A.									
37	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunications services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>			\$ N.A.									
38	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 24 through 37.			\$ N.A.									

**Subpart B: Additional Living Expense Deductions**

**Note: Do not include any expenses that you have listed in Lines 24-37**

39	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					\$ N.A.
	a.	Health Insurance	\$	N.A.		
	b.	Disability Insurance	\$	N.A.		
c.	Health Savings Account	\$	N.A.			
Total and enter on Line 39 <b>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</b> \$ <u>N.A.</u>						
40	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. <b>Do not include payments listed in Line 34.</b>					\$ N.A.
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					\$ N.A.
42	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>					\$ N.A.
43	<b>Education expenses for dependent children under 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>					\$ N.A.
44	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>					\$ N.A.
45	<b>Charitable contributions.</b> Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). <b>Do not include any amount in excess of 15% of your gross monthly income.</b>					\$ N.A.
46	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 39 through 45.					\$ N.A.
<b>Subpart C: Deductions for Debt Payment</b>						
47	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes and insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.					\$ N.A.
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.	ally financial	2007 hummer	\$	<input type="checkbox"/> yes <input type="checkbox"/> no	
	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	
	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	
			Total: Add Lines a, b and c			

48	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">a.</th> <th style="width: 40%;">Name of Creditor</th> <th style="width: 30%;">Property Securing the Debt</th> <th style="width: 20%;">1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> </tr> </tbody> </table>			a.	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$				Total: Add Lines a, b and c	\$ N.A.
a.	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																					
a.			\$																					
b.			\$																					
c.			\$																					
			Total: Add Lines a, b and c																					
49	<p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 33.</b></p>			\$ N.A.																				
50	<p><b>Chapter 13 administrative expenses.</b> Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">a.</td> <td style="width: 40%;">Projected average monthly Chapter 13 plan payment.</td> <td style="width: 35%;">\$ N.A.</td> </tr> <tr> <td>b.</td> <td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</td> <td style="text-align: center;">x N.A.</td> </tr> <tr> <td>c.</td> <td>Average monthly administrative expense of Chapter 13 case</td> <td style="text-align: right;">Total: Multiply Lines a and b</td> </tr> </table>			a.	Projected average monthly Chapter 13 plan payment.	\$ N.A.	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x N.A.	c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b	\$ N.A.											
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c.	Average monthly administrative expense of Chapter 13 case	Total: Multiply Lines a and b																						
51	<p><b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.</p>			\$ N.A.																				
<b>Subpart D: Total Deductions from Income</b>																								
52	<p><b>Total of all deductions from income.</b> Enter the total of Lines 38, 46, and 51.</p>			\$ N.A.																				
<b>Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)</b>																								
53	<p><b>Total current monthly income.</b> Enter the amount from Line 20.</p>			\$ N.A.																				
54	<p><b>Support income.</b> Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.</p>			\$ N.A.																				
55	<p><b>Qualified retirement deductions.</b> Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).</p>			\$ N.A.																				
56	<p><b>Total of all deductions allowed under § 707(b)(2).</b> Enter the amount from Line 52.</p>			\$ N.A.																				
57	<p><b>Deduction for special circumstances.</b> If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">a.</th> <th style="width: 40%;">Nature of special circumstances</th> <th style="width: 35%;">Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">Total: Add Lines a, b and c</td> </tr> </tbody> </table>			a.	Nature of special circumstances	Amount of expense	a.		\$	b.		\$	c.		\$			Total: Add Lines a, b and c	\$ N.A.					
a.	Nature of special circumstances	Amount of expense																						
a.		\$																						
b.		\$																						
c.		\$																						
		Total: Add Lines a, b and c																						

58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56 and 57 and enter the result.	\$ N.A.
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$ N.A.

#### Part VI: ADDITIONAL EXPENSE CLAIMS

**Other Expenses.** List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I): If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

60	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
Total: Add Lines a, b and c		N.A.

#### Part VII: VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.)

61 Date: 11/21/14 Signature: Sylvia York  
(Debtor)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF NORTH CAROLINA  
NEW BERN DIVISION

In the matter of: Sylvia Noel N4X/4622

PETITION FOR ALLOWANCE OF ATTORNEY'S FEE

The undersigned being attorney for the above named respectfully represents:

(1) your petitioner has prepared, caused to be acknowledged and filed the necessary schedules and statements of affairs and attended the first meeting of creditors and has undertaken to counsel with and advise the debtor in matters necessary to the efficient administration of the debtors plan.

(2) that the reasonable value of such service is \$3,700.00 and your petitioner has received from the debtor \$2,550.50 of which \$310.00 is for filing fee, and \$34.00 for Credit Counseling expense, \$ 6.50 per debtor is for Court Search fee \$1,149.50 goes toward attorney fee's.

Wherefore your petitioner prays that an allowance be made for reasonable attorney's fees for professional services rendered by your petitioner in this proceeding.

H FRANK ALLEN

H Frank Allen  
PO Box 1258  
Tarboro, NC 27886-1258  
(252) 641-1800

"END OF DOCUMENT"

United States Bankruptcy Court  
Eastern District of North Carolina

In re Sylvia Noel

Case No. \_\_\_\_\_

Chapter 13

Debtor(s)

## DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ 3,700.00

Prior to the filing of this statement I have received ..... \$ 1,149.50

Balance Due ..... \$ 2,550.50

2. The source of compensation paid to me was:

Debtor  Other (specify) \_\_\_\_\_

3. The source of compensation to be paid to me is:

Debtor  Other (specify) Chapter 13 Trustee

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

\$34.00 Hummingbird Credit Counseling fee

\$310.00 Filing fee,

\$6.50 @ Court search fee- if applies

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

## CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in the bankruptcy proceeding.

11.21.14

Date

Signature of Attorney

H. Frank Allen

Name of law firm

Page 2

CREDTIOORS OUTSIDE THE PLAN

Select Portfolio	\$191,004.82	House & lot
NC Housing Finance Agency	\$ 30,061.18	2 <sup>nd</sup> mortgage

"END OF DOCUMENT"

UNITED STATES BANKRUPTCY COURT  
Eastern District of North Carolina

In re: )  
Sylvia Noel )  
 ) Case No.  
 ) Chapter 13  
Debtor(s) )

VERIFICATION OF MAILING MATRIX

The above-named Debtor(s) hereby verifies that the attached list of creditors is true and correct to the best of my knowledge.

Date:

11-21-14

Sylvia Noel  
Debtor

Joint Debtor

Attorney H. Frank Allen  
N.C. State Bar No. 6480  
PO Box 1258  
Tarboro, NC 27886-1258  
252-641-1800 phone  
252-641-4075 fax

Ally Financial  
PO Box 9001951  
Louisville, KY 40290

Century Link  
c/o RMS  
PO Box 5471  
Mount Laurel, NJ 08054

Daniel Deans  
PO Box 172  
Kinston, NC 28502

Daniel Deans  
PO Box 172  
Kinston, NC 28502

Direct TV  
c/o FNCF  
610 Waltham Way  
Sparks, NV 89434

Dwight Rouse  
PO Box 1559  
Kinston, NC 28503

Eastern Eye Associates  
1007 W. Vernon Ave  
Kinston, NC 28501

Eastern Radiologist  
2101 W. Arlington Blvd S210  
Greenville, NC 27834

Eastern Radiologist  
c/o SCA  
PO Box 876  
Greenville, NC 27835

Emp of Lenoir County  
4535 Dressler Road  
Clanton, OH 44718

Employee of Lenoir County  
c/o Escallate LLC  
PO Box 714242  
Columbus, OH 43271

Eric Rouse  
PO Box 6115  
Kinston, NC 28501

Family Mobile  
PO Box 629026  
El Dorado Hills, CA 95762

Greenville Pool & Supply  
3730 S Charles Blvd.  
Greenville, NC 27858

Internal Revenue Service  
Central.Insolvency Oper.  
PO Box 7346  
Philadelphia, PA 19101

Internal Revenue Service  
Central.Insolvency Oper.  
PO Box 7346  
Philadelphia, PA 19101

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Central.Insolvency Oper.  
PO Box 7346  
Philadelphia, PA 19101

Internal Revenue Service  
Central.Insolvency Oper.  
PO Box 7346  
Philadelphia, PA 19101

Josh Bradshaw Plumbing  
PO Box 303  
Deep Run, NC 28525

Kinston Medical Specialists  
701 Doctors Drive SteN  
Kinston, NC 28501

Kinston Medical Specialists  
c/o Online Collections  
PO Box 1489  
Winterville, NC 28590

Kinston Thoracic Vascular  
c/o Parson Bishop National Coll.  
7870 Camargo Rd  
Cincinnati, OH 45243

Kleritec  
15823 Monte Street 103  
Sylmar, CA 91342

Lenoir Memorial Hospital  
c/o Escallate  
PO Box 714017  
Columbus, OH 43271

Lenoir Memorial Hospital  
PO Box 1678  
Kinston, NC 28503

Lenoir County Tax Dept.  
PO Box 3289  
Kinston, NC 28502

Lenoir County Tax Dept.  
PO Box 3289  
Kinston, NC 28502

Leonard Aluminum  
Utility Bldgs  
PO Box 1728  
Mt. Airy, NC 27030

Mobile Mini  
7420 S Kyrene Rd Ste 101  
Tempe, AZ 85283

NC Carolina Housing Finance  
PO Box 28066  
Raleigh, NC 27611

NC Dept of Revenue  
OSD Bankruptcy Unit  
PO Box 1168  
Raleigh, NC 27602

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PO Box 1168  
Raleigh, NC 27602

NC Dept of Revenue  
OSD Bankruptcy Unit  
PO Box 1168  
Raleigh, NC 27602

NC Employment Sec.Commission  
Attn: Benefit Control  
PO Box 26504  
Raleigh, NC 27611

NC Employment  
Sec.Commission  
Attn: Benefit Control  
PO Box 26504  
Raleigh, NC 27611

Pathology Associates Kinston  
c/o Stern & Associates  
415 N Edgeworth St Ste210  
Greensboro, NC 27401

Pendrick Capital Partners  
c/o NCO Financial  
507 Prudential Rd  
Horsham, PA 19044

Robert M Deepe MD  
PO Box 5485  
Kinston, NC 28503

Select Portfolio Servicing  
PO Box 65250  
Salt Lake City, UT 84165

Select Portfolio Servicing  
PO Box 65250  
Salt Lake City, UT 84165

Springleaf Financial  
4167 W Vernon Ave  
Kinston, NC 28504

St Marks Church  
1001 E. King Street  
Kinston, NC 28501

St. Mark Church Ministries  
c/o Atty. James S Perry  
PO Drawer 1475  
Kinston, NC 28503

Stallings Plumbing  
Heating & Air  
PO Box 3168  
Kinston, NC 28502

Suddenlink  
c/o Credit Contril  
11821 Rock Landing Dr  
Newport News, VA 23606

Suncom Wireless  
PO Box 96067  
Charlotte, NC 28296

University of Mount Olive  
634 Henderson Street  
Mt Olive, NC 28365

University of Mount Olive  
c/o Williams & Fudge Inc.  
PO Box 11590  
Rock Hill, SC 29731

US Cellular  
c/o PRA  
PO Box 12914  
Norfolk, VA 23541

Verizon Wireless  
BK Dept.  
PO Box 26055  
Minneapolis, MN 55426

Verizon Wireless  
c/o Chase Receivables  
1247 Broadway  
Sonoma, CA 95475